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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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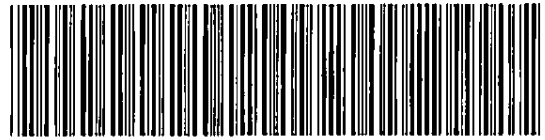
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HBL INVESTMENTS LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Beverly Hopson
Name of Person

HBL Investments LLC
Firm/Company

1742 Weeping Elm Circle
Address

Port Orange, FL 32128
City/State and Zip Code

bevhopson@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bev Hopson at (386) 589-5713
Name of Person Area Code & Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

- \$25 Filing Fee \$55 Filing Fee & Certified Copy

2022 APR 17 1:19:55

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: HBL INVESTMENTS LLC

2. (a) <u>1742 Weeping Elm Circle, Port Orange, FL 32128</u>	(b) <u>1742 Weeping Elm Circle, Port Orange, FL 32128</u>
Principal office address of limited liability company: <i>(Note: MUST BE STREET ADDRESS)</i>	Mailing address of limited liability company: <i>(Note: MAY BE POST OFFICE BOX)</i>
<u>1742 WEEPING ELM CIRCLE</u>	<u>1742 WEEPING ELM CIRCLE</u>
<u>PORT ORANGE, FL 32128</u>	<u>PORT ORANGE, FL 32128</u>

3. <u>April 10, 2018</u>	4. <u>L18000090104</u>
Date of filing/registration in Florida	Document number

5. (a) REGISTERED AGENTS INC 3030 N ROCKY POINT DR, STE 150A, TAMPA
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
REGISTERED AGENTS INC

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
3030 N ROCKY POINT DR, STE 150a
TAMPA, FL 33607

2023 APR 17 11:10:05

(b) Beverly Hopson
Enter name of NEW Registered Agent and/or NEW Registered Office address:
BEVERLY HOPSON
NEW Registered Office Address:
1742 WEEPING ELM CIRCLE
PORT ORANGE, FL 32128

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

<u><i>Beverly Hopson</i></u> Signature of a member or authorized representative of a member	<u>BEVERLY HOPSON</u> Printed or typed name of signee
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I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Beverly Hopson
Signature of Registered Agent